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Current Literature: Titles and Abstracts

Catholic Physicians' Guilds

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Current Literature:

Titles and Abstracts



(Editorial): Medical ethics for the years ahead. *Med. Tribune* 5:15 Sept. 14, 1964.

It is entirely possible that precursor cells of ova and sperms will be cultured under laboratory conditions in the near future, and that a human embryo can be grown artificially. This raises such serious ethical questions as whether it would be murder to dispose of these embryos upon completion of the proposed study. The World Medical Association's efforts to evolve a code governing human experimentation, the recent chimpanzee-to-man heart transplantation in Mississippi, and recollections of the testimony at Nuremberg—all these point to "an intense present-day concern about medical ethics." Such concern has become particularly acute because of the recent rapid progress of medicine, which has created situations having no precedent in mores or morals. An *ad hoc* group of leaders in the fields of medicine, genetics, philosophy, and religion should be created to deal with the ethics of laboratory growth of a human embryo and with other imminent advances having ethical implications.

—: Rhythm symposium. *America* 111:540 Nov. 7, 1964.

The International Symposium on Rhythm, held in Washington, D.C.,

Material appearing in this column is thought to be of particular interest to the Catholic physician because of its moral, religious, or philosophical content. The medical literature constitutes the primary but not the sole source of such material. In general, abstracts are intended to reflect the substance of the original article. Parenthetical editorial comments may follow the abstract if considered desirable. Books are reviewed rather than summarized. Contributions and comments from readers are invited.

Oct. 20-22, brought together internationally recognized authorities on periodic continence as a means of birth regulation. A major theme was the need for much more research on female reproductive physiology. "Given the Church's stake in a moral and effective method of limiting fertility, Catholic institutions should be the leaders in research in this field. Regrettably, they are not."

Dorsey, J. L.: Changing attitudes toward the Massachusetts birth-control law. *New Eng. J. Med.* 271:823-827 Oct. 15, 1964.

Sections 20 and 21 of Chapter 272 (General Laws of the Commonwealth of Massachusetts) make illegal the sale, distribution, or advertisement of contraceptives. The last referendum to repeal the law was in 1948 and was defeated. Repeal was favored by the Planned Parenthood League of Massachusetts and vigorously opposed by the Catholic Church, particularly the Archdiocese of Boston. The controversy has led to much bitterness. In the pluralistic society of today a good case can be made for repeal of the Massachusetts birth-control law. The position of the Archdiocese of Boston has changed, and Cardinal Cushing has indicated that he would not feel it his duty to oppose amendment of the law

if the question were raised. The favorable climate of inter-faith dialogue that now exists makes it opportune to reconsider the issues raised by the continued presence of "the law" on the books.

(The author is a graduate of Holy Cross and Harvard Medical School. A foreword of approbation by Msgr. Lally, editor of the *Pilot*, precedes the text of the article. Dr. Dorsey's proposals are the subject of the lead editorial, "Progress within Reason," in the same issue of the *New England Journal of Medicine*, p. 846.)

[Cf. also: Birth control laws. *America* 111:544-545 Nov. 7, 1964, which discusses Dr. Dorsey's article and seconds his conclusions.]

WITH THE METICULOUS scholarship inevitably associated with his name, Father John J. Lynch, S.J., Professor of Moral Theology at Weston College and a medico-moral consultant to this journal, has devoted his entire annual review, "Notes on Moral Theology," to the much-discussed and frequently muddled subject of contraception (*Theological Studies* 25: 232-253 June 1964). In general, or so it seems to the reviewer, Father Lynch presents a formidable and logical defence of the traditional Catholic position on the subject. He exemplifies as few do how important is precise medical knowledge to the moral theologian who essays to write on medico-moral problems.

Hardy, J. D.: The transplantation of organs. *Surgery* 56:685-705 Oct. 1964.

In addition to such technical problems as the immune response, the clinical transplantation of organs involves intellectual and moral barriers and realignments, particularly with reference to the procurement, storage, and transfer of organs.

AMONG THE LATEST to review the provocative *Man and His Future* (Little, Brown: Boston, 1963) is J. R. Elkinton, M.D., editor of *Annals of Internal Medicine*, who combines it with an analysis of *The Population Crisis and the Use of World Resources* (*Ann. Int. Med.* 61:368-371 Aug. 1964). In both books the fundamental question is one of values and ethics. A reasonable synthesis of the first book might be expressed by observing that "there is a considerable degree of overlap between scientific humanism and the Christian ethic." And in the second book the basic question is "what are the values, the qualities, that we desire as rational human beings to foster in human life?"

Regarding *The Population Crisis*, the reviewer states that "it seems a pity that in this definitive volume more attention is not given to the moral dilemmas that birth control presents to many earnest people and to the Roman Catholic Church. At least some of the more liberal spokesmen of the Roman view might have been given a word, and it is a bit of a shock to find that Dr. John Rock is not even listed in the index. One of the most important things that needs to happen is for the Church of Rome to re-examine its position in the face of the world's unprecedented population crisis. This is important for the world and for the Church that practically monopolizes the spiritual oversight of one of the world's most underprivileged and over-breeding areas—Latin America."

Hamlin, H.: Life or death by EEG. *J.A.M.A.* 190:112-114 Oct. 12, 1964.

Traditionally, cessation of cardiac activity has been the norm for somatic death. The crucial factor, however, is the viability of the brain. Although respiratory and cardiac activity can be supported artificially, this is indicated

only as long as there is no irreversible brain damage. Pius XII has stated that it is licit for the family of a patient to insist that the physician interrupt his efforts at "reanimation" even if it involves stopping the circulation of the blood. The EEG is useful in establishing the presence of brain death under these circumstances. A set of five conditions is proposed "for certifying brain death in association with cardiorespiratory activity artificially sustained by mechanical aids."

Rosen, E.: Tell third parties but not the patient? *Med. Economics* 41: 167-178 Sept. 21, 1964.

The relationship between a patient and his physician has traditionally been one of confidence. However, the growth of third parties—such as health insurers—has tended to disrupt this relationship. The trend has even reached the point where, in some instances, the physician is required to report medical findings to a third party (e.g., an insurance company) without disclosing them to the patient. "This paradoxical reversal of tradition threatens to eliminate the doctor's moral responsibility to his patient by creating an undesirable new entity: a confidential relationship that leaves the patient in the dark." The physician's moral obligation to the patient supercedes the legal stipulation of a third party if there is conflict of interest. "The doctrine of privileged communication is meant to protect the patient—not doctors or third parties. We must think first of the patient's health, no matter who pays for his visit. Otherwise we ought to turn in our M.D. degrees and get some other kind of job."

Rendle-Short, J.: Maternal rubella: the practical management of a case. *Lancet* 2:373-376 Aug. 22, 1964.

The overall risk of fetal abnormality because of rubella compli-

cating pregnancy is usually estimated at 20%. If the disease is contracted in the very early weeks of pregnancy the risk may be as high as 60%. The principal lesions are deafness, congenital heart defects, and eye defects. In Great Britain, a pregnancy may be terminated legally only if the mother's health is in danger, and this seems to include mental as well as physical health. In the case of maternal rubella, both of the parents should be interviewed by the physician when termination of pregnancy is contemplated. Factors that must be considered by the physician when deciding about the advisability of termination include (1) the age of the fetus at the time of the infection, (2) the certainty of infection, (3) the age of fertility of the parents, (4) whether or not the conception is extra-marital, (5) the knowledge of the parents concerning possible embryopathy, and (6) religious beliefs. There is no agreement regarding the most appropriate means of assigning final responsibility for the decision to terminate such a pregnancy—gynecologist? pediatrician? psychiatrist? team approach? Progress in virology may make it possible to prevent rubella and thus obviate these agonizing decisions.

[Cf. also: Fisher, H.: Maternal rubella—correspondence. *Lancet* 2:586 Sept. 12, 1964, which contains a plea to reform the Abortion Law of 1861 by legalizing abortion for rubella-affected mothers on the basis of possible embryopathy alone and not, as at present, because the birth of a defective child might affect the mental health of the mother.]

Key, H. E. M., Peppercorn, Margaret E., Porterfield, J. S., McCarthy, K., Taylor-Robinson, C. H.: Congenital rubella infection of a human embryo. *British Med. J.* 2:166-167 July 18, 1964.

This study involved several human embryos obtained by hysterectomy from mothers whose pregnancy was terminated because of exposure to rubella. In one of these, a 23½ week old embryo, it was possible by culture technic to demonstrate the presence of rubella virus in the lungs. The mother had been exposed to German measles during the fifth week of pregnancy.

[Cf. also: Heggie, A. D. and Weir, W. C.: Isolation of a rubella virus from a mother and fetus. *Pediat.* 34: 278-280. Aug. 1964.]

The ethical basis of the study reported in the *British Medical Journal* is questioned in a letter to the editor (Laforet, E. G.: Embryo, foetus, or child? *Brit. Med.* 2:878 Oct. 3, 1964), and these sentiments are seconded by two subsequent correspondents (Beaver, R.: Pryce, J. D.: Rubella and termination of pregnancy. *Brit. Med. J.* 2:1075-1076. Oct. 24, 1964.)

Sheridan, Mary D.: Final report of a prospective study of children whose mothers had rubella in early pregnancy. *Brit. Med. J.* 2:536-539 Aug. 29, 1964.

Children born of mothers who had rubella in the first 16 weeks of pregnancy (1950-1952) constitute the basis of this report. Major abnormalities were present in 15% (8% with more than one abnormality); minor abnormalities were present in 16% (4% with more than one abnormality). The intelligence and social adaptation of the children of rubella-affected mothers is within the normal range.

Susser, M.: The uses of social science in medicine. *Lancet* 2:425-429 Aug. 29, 1964.

Because of the recurring necessity for social science to establish its credentials as a "science" this discipline has been slighted in medical training and practice. The modern hospital

totally envelops the patient and, in this environment, the physician is able to concentrate on the disease rather than on the patient as a social being. It is in practice outside the hospital, however, that the personal and social aspects of medicine weigh most heavily on the practitioner. Those responsible for the training of the physician should place increased emphasis on social science in order to prepare him more adequately for practice.

Page, I. H.: Artificial prolongation of life. (Editorial) *Modern Med.* 32: 97-100 Oct. 26, 1964.

Chronic dialysis for renal failure is an example of the newer medical technics for artificial prolongation of life, and as such it begets many difficult problems. Dialysis is completely justified as a preliminary to organ transplantation. Chronic dialysis for palliation is a more complicated concept, and the difficulties of the problem are encountered in full when dialysis is indefinitely prolonged in an effort to prolong life indefinitely. These difficulties include the cost in effort and money, the dangers of the technics utilized, the burden on the subjects, and the fact that many dialyzed patients do not feel well despite the treatment. Chronic dialysis is justified on an experimental basis, but the magnitude of a project involving large numbers of subjects militates against careful study. A major problem concerns the selection of patients for dialysis, since it is impossible to offer dialysis to every patient with impaired renal function. Finally, the unwise publicity has tended to disappoint and disillusion the public. A major issue resulting from the problem of artificial prolongation of life concerns our purpose in living. Most modern biologic scientists lean to a deterministic, materialistic philosophy and thus there is no problem, since artificial prolong-

ation of life will permit additional pursuit of pleasure. "Many professed Christians are having their faith in immortality questioned by the problem of artificially prolonging life. If immortality is a truth, then a few more months or years on this earth hardly makes much difference. In a private poll among my friends who are regular churchgoers, I have been surprised at how few truly believe in the concept of immortality, despite the fact that Christ was explicit in His promise of it."

MUCH OF THE July 18, 1964 issue of the *British Medical Journal* is devoted to problems inherent in human experimentation. The lead editorial is entitled "Ethics of Human Experimentation" (pp. 135-136), and later in the same issue the Code of Ethics of the World Medical Association dealing with this subject is reproduced (p. 177). Finally (pp. 178-180) appears the full text of "Responsibility in Investigations on Human Subjects," a statement by the Medical Research Council. Extensive editorial comment on this issue of the *British Medical Journal* was made in the *New England Journal of Medicine* ("Declaration of Helsinki," 271:473-474 Aug. 27, 1964), which commends the Declaration as "generally acceptable to physicians as a useful moral guide" in matters involving human experimentation. The *Journal of the American Medical Association* has also reported on the Declaration (*Medical News*—WMA's Declaration of Helsinki serves as guide to physicians. *J.A.M.A.* 189: A33-A34 Sept. 28, 1964.) Another A.M.A. publication ("Guide for Clinical Research Adopted." *A.M.A. News* 7:11 Sept. 28, 1964) contains the information that a copy of the Declaration is available to American physicians who write on their letterhead requesting same to: World Medical Association,

10 Columbus Circle, New York, N.Y. 10019. (Cf. also: "Declaration of Helsinki." *J.A.M.A.* 190:175 Oct. 12, 1964.)

Altschule, M.D.: A distinctive aspect of medical research. (Editorial) *Med. Science* (Lippincott) 15:120 Oct. 1964.

Although the techniques of clinical research are similar to those employed in the natural sciences, there is an important difference between medical research and research in the natural sciences. In the latter, individual data are important only as components of a universal concept. In the former "the individual data reside in individual persons, the patients." Clinical research processes are "inextricably fused with the procedures involved in patient-care. Unlike natural scientists, in whose eyes individual experimental events exist only as precursors of universal concepts, medical scientists who do research on patients must put considerations related to individual events in patients ahead of their own interest in universals."

(Editorial) *The surgeon's obligation. Massachusetts Physician* 21:20 Aug. Sept. 1962.

The increasing paucity of clinic patients has rendered difficult the teaching of operative surgery. In some instances a major portion of an operation on a private patient may be delegated to the surgical resident for purposes of training. This practice, however, raises ethical and legal problems. "... the team concept in surgery, as applied to private patients, does not include delegating important steps in an operation to a resident without the prior consent of the patient."

THE EDITORIAL, "Moral problems in the use of borrowed organs, artificial and transplanted," in the February 1964 issue of *Annals of In-*

*ternal Medicine** has stimulated considerable comment in that journal. Under the heading, "Moral problems of artificial and transplanted organs," the August 1964 issue (61:355-363) features comment from Page and Kolff of Cleveland, Murray and Merrill of Boston, Medawar of London, Woodruff of Edinburgh, Hamburger of Paris, Scribner of Seattle, Reemtsma of New Orleans, and Starzl and Bennett of Denver. Elkinton concludes by summarizing the areas of agreement in a still-evolving frontier of clinical medicine.

(*abstracted in the May 1964 L.Q.)

Moser, R. H.: On speaking to patients. (Editorial) *Ann. Int. Med.* 61:588-591 Sept. 1964.

"Most patients will readily accept the truth when it is presented in a frank, clear, yet sympathetic manner." When, as rarely occurs, the physician believes that a straightforward answer will be emotionally injurious to his patient, he should discuss the situation with mature members of the immediate family. The final decision, however, rests firmly in the hands of the physician.

ADDITIONAL ITEMS of interest include the following:

—: Religion and Hill-Burton. *Modern Med.* 32:18 April 13, 1964.

Farber, Seymour M., M.D. (Ed.): *Conflict and Creativity: Control of the Mind*. McGraw-Hill: New York. 1963. 360 pp. \$2.95 (Proceedings of the second conference on "Control of the Mind" held at the University of California Medical Center in 1962; reviewed in *Med. Tribune* 4:16 Aug. 5, 1963.)

Worcester, A.: *The Care of the Aged, the Dying and the Dead*. (2nd edition) Charles C. Thomas: Springfield, Ill. 1961. (A medical classic,

first published in 1935; reviewed by A. V. Bock in *J.A.M.A.* 180:180 April 14, 1962.)

Glass, B.: Scientists and their "true and lawful goals." *Science* 137:216-217 July 20, 1962 (review of *The Dreams of Reason: Science and Utopias*, by René Dubos. Columbia University Press: New York 1961. 167 pp. \$5.00)

Murray, J. E.: Human kidney transplantation. (Editorial) *Med. Tribune* 5:15 April 15, 1964.

—: Ford Foundation grant backs population study. *Med. Tribune* 5:20 Aug. 12, 1964. (\$800,000 five-year grant to Johns Hopkins program of studies in population dynamics.)

—: Principles of ethics of the Los Angeles Surgical Society. *Bull. Am. Coll. Surg.* pp. 67-8 March-April 1964.

—: Rubella peril in pregnancy reconfirmed. *Med. Tribune* 5:3 March 2, 1964.

—: Lutherans on abortion. *Modern Med.* 31:22 Feb. 4, 1963. ("The American Lutheran Church has decided that therapeutic abortion is permissible" but only on the ground of possible impairment of the physical or mental health of the mother; possible fetal deformity was not considered an acceptable indication.)

—: Artificial insemination case makes "medicolegal history." *Med. Tribune* 4:31 Sept. 20, 1963. (*Gursky v. Gursky*), N.Y. Sup. Ct., Kings Co.—N.Y., July 26, 1963.)

Ladimer, I.: The moral and legal responsibilities of the writer of health articles. (delivered at Medical Writers Institute, New York City, Sept. 25, 1964.)

Poschmann, Bernhard: *Penance and the Anointing of the Sick*. Herder and Herder. 1964. 257 pp. \$6.50

- (reviewed in *America* 111:190-192 Aug. 22, 1964.)
- Barrett, Donald N. (Editor): *The Problem of Population. Vol. II. Practical Catholic Applications.* University of Notre Dame Press: Notre Dame. 1964. 200 pp. \$2.25.
- : Sterilizing is done in voluntary plan. *Med. Tribune* 5:3 Aug. 19, 1964. (Voluntary sterilization plan in Eastern Kentucky undertaken through the Human Betterment Association for Voluntary Sterilization.)
- : B M A deplores government rule on contraceptive. *Med. Tribune* 5:2 Aug. 19, 1964.
- Archer, J. G.: The morality of medicine. *J. Mississippi Med. Assn.* 5: 102-106 March 1964.
- St. John-Stevas, N.: Birth Control and Public Policy. NCWC Family Life Bureau, 1312 Massachusetts Ave., N.W., Washington 5, D.C. 50c
- Hamlin, H.: Population problem. (correspondence) *Med. Tribune* 5:4 Aug. 29-30, 1964. (Objection to Dr. Frank J. Ayd's comments regarding the Catholic position on birth control in the July 25-26 issue of *Med. Tribune*.)
- : Immunologic vaccine may be contraceptive. *Med. Tribune* 5:26 Aug. 24, 1964.
- Coleman, A. H.: The use of narcotics in religion. *J. Nat. Med. Assn.* 56: 300-302 May 1964.
- McCleave, P. B.: Man is a total being. *Arizona Med.* 21:237-240 April 1964.
- Larson, A. E.: Medicine and religion. *J. Arkansas Med. Soc.* 60:416-418 April 1964.
- Hall, G.: Blood transfusions and Jehovah's Witnesses. *New Physician* 13:A81-A83 May 1964.
- (Correspondence): Should psychiatrists tell? *Brit. Med. J.* 2:509-510 Aug. 22, 1964 (Professional secrecy and the psychiatrist—3 letters).
- : Availability of data on birth control is urged to solve population problem. *Med. Tribune* 5:20 Sept. 9, 1964.
- Gassert, Robert G. (S.J.) and Hall, Bernard H. (M.D.): *Psychiatry and Religious Faith.* Viking. 1964. 166 pp. \$3.95 (reviewed in *America* 111:312-312 Sept. 9, 1964).
- Moore, Francis D.: *Give and Take: The Development of Tissue Transplantation.* W. B. Saunders Co.: Philadelphia. 1964. 182 pp. \$5.50 (Last chapter, "The Doctors' Dilemmas," deals with the ethical problems involved in transplantation.)
- Boyle, G. D. (S.J.): The Catholic doctor and the Church. *Catholic Med. Quart.* 17:103-108 July 1964.
- Cameron, Sir Roy: Thomas Linacre at the portal of scientific medicine. *Brit. Med. J.* 2:550-594 Sept. 5, 1964 (Thomas Linacre lecture delivered to the Master and Fellows of St. John's College, Cambridge, May 6, 1964).
- Piel, G.: Physician, heal thy society! *Bull. New York Acad. Med.* 40: 615-624 August 1964.
- Pugh, T. F.: The population explosion and the future number of mental-hospital inpatients. *New Eng. J. Med.* 271:672 Sept. 24, 1964.
- Page, I. M.: Science and the transcendent life (Editorial) *Modern Med.* 32:91-92 Sept. 28, 1964.
- : Population: detachment a "luxury" we can't afford. *Med. Tribune* 5:15 Oct. 10, 1964.
- Ball, L. W. and Lowry, R. H.: Space flight problems—mechanical, medical, and moral. *J.A.M.A.* 189:1013-1015 Sept. 28, 1964. ("The need for individual moral responsibility

to keep a nation great is emphasized by the dramatic setting of space travel.")

Kennedy, R. B.: Transfusion without consent. *J. Mississippi Med. Assn.* 5:290-291 July 1964.

Greep, Roy O. (Editor): *Human Fertility and Population Problems.* (Proceedings of the Seminar sponsored by the American Academy of Arts and Sciences with the support of the Ford Foundation). Schenkman Publishing Co., Inc.: Cambridge, Mass. pp. 278 1963. (paper-back) \$2.65.

Delp, M.: The profession's concern for professional competence. *J.A.M.A.* 189: 31-34 July 6, 1964.

Terris, M.: On the distinction between individual and social medicine. *Lancet* 2:653-655 Sept. 26, 1964.

—: Ultra surgery. *Mass. Physician* 23:66 Nov. 1964 (Moral and practical aspects of ultra-radical surgery.)

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